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Barbara Leydecker

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Best Practices of the Atlanta Community Food Bank Wellness Program: Improving Food Security and the Occurrence of Chronic Disease Amongst the Food Insecure

By

Barbara Leydecker
B.S., Georgia State University, 2017

Master's Project: Literature Review, Wellness Pantry Toolkit Submitted to the Graduate Committee in the Department of Nutrition at Georgia State University in Partial Fulfillment of the Requirements for the Degree

MASTER OF SCIENCE

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Abstract

As the associations between food insecurity, obesity, and diet-related chronic diseases become more apparent, the Atlanta Community Food Bank (ACFB) wants to add an element to their community partnerships, which will target those dealing with diet-related chronic diseases. While many are food insecure and cannot afford to feed themselves and their families, a subgroup of this population is also managing a diet-related chronic illness. These diet-related diseases are important to health and standards of living, potentially causing work absenteeism and undue financial burdens.

The most recent data on food insecurity from 2016, estimated that 13% of Americans had inadequate access to safe, healthy food[3], equating to more than 41 million people. Research has shown that the existing system of food pantries around the country are not equipped to serve the portion of this population that is chronically ill and suffering from diet-related diseases.

This project evaluated nutrition programs conducted at food banks around the country to determine best practices for addressing the food security needs of clients with a chronic diet-related disease. Throughout the United States, ten food banks and one health department participated in a 30-60 minute phone interview regarding existing programs aimed at assisting food insecure individuals with a chronic diet-related illness. Data collected from these interviews were combined into a list of four (4) groups of best practices for developing a healthy food pantry or Wellness Pantry; 1) operations, 2) client experiences, 3) nutrition education and nudges, and 4) data tracking and compliance.

The result of this project is a catalog of those best practices, along with support of the Wellness Pantry concept by the ACFB. This catalog will be the script for the ACFB Wellness

Pantry Toolkit, which will guide existing food pantries in serving their clients who struggle with food insecurity and chronic disease.

Introduction

As the associations between food insecurity, obesity, and diet-related chronic diseases become more apparent, the Atlanta Community Food Bank (ACFB) wants to add an element to their community partnerships which will target those dealing with diet-related chronic diseases. Since 1979, the ACFB has supported agencies in and around metro Atlanta who serve food insecure individuals[1]. The initial mission of ACFB was simply to provide food to needy individuals and families. However, as links between food insecurity and diet-related chronic diseases became more apparent[2], they began adding nutrition and wellness programs. The ACFB now wishes to add a component among their community partners targeting those clients that struggle with diet-related chronic diseases. Though the prevalence of food insecurity has declined somewhat in Georgia[3], emerging research continues to show a connection between diet-related chronic disease and food insecurity. This project evaluates nutrition programs conducted at food banks around the country to determine best practices for addressing the food security needs of a client with a diet-related chronic disease. The result of this project will be a catalog of those best practices, along with support to be offered by the ACFB. This catalog will be the script for the ACFB Wellness Pantry Toolkit, which will guide existing food pantries in serving their clients who struggle with both food insecurity and chronic disease.

Background

Food Insecurity

Many Americans cannot afford enough food to feed themselves and their families. These individuals are from a variety of ethnic backgrounds and cultures. Some are working, some are not. Others can only provide food of the lowest quality. Proper nutrition is unavailable to them as they do their best to avoid being hungry. They are all food insecure.

While many in society believe those in need of food are the same individuals year after year, this is not so. The majority of people in need of food find themselves in this situation after an unexpected event, like a sudden job loss or major illness. These people need assistance for a short time, often less than one year, in order to get back on their feet. Many people do not realize how close they are to being in this situation, living "paycheck to paycheck". Some are displaced after a natural disaster, and are forced to start over with nothing. The aging population is particularly at risk, due to limited income and a rising cost of living.

Another group who may need food assistance are those managing diet-related chronic diseases. A chronic disease can cause work absenteeism, thereby reducing income, because of fatigue, doctor visits, and additional infections due to a compromised immune system. This group also has added expenses in the form of medications, medical supplies, and equipment (i.e. walkers, glucose meters, etc.). For many, these consequences are complicated by their lower socio-economic status. They are often hourly workers without sick days, or potentially quality health insurance coverage. They may struggle with transportation and access to quality medical care, as well as "healthier" food choices, including fresh fruits and vegetables. Someone fatigued from an illness will not have the energy to travel to a grocery store, particularly if it is not close to home, or stay on their feet long enough to cook a meal. If the illness in question is diet-related, access to "healthier" foods becomes even more important, as high sodium, high

sugar, processed foods have been shown to contribute to diet-related chronic illnesses, such as diabetes.

One may find these individuals in a rural or urban setting. While those in urban environments may have public transportation, it may be unaffordable. They may only have a corner market for food, which carries few foods of high nutrient density. If other foods are available, they are often canned and heavy; potentially leading to fatigue if shopping without transportation. Those in rural areas have similar food access issues, as they may have many miles to travel to get to physicians, grocery, and drug stores, while public transportation is often non-existent. Some rural counties offer free public transportation on-demand, but cannot guarantee a drop-off or pick up time: buying fresh and perishable items can become a challenge. Often combining trips is not an option, leaving them to choose between the drug store for medications and medical supplies, or the grocery store for food. Often, this is a financial choice as well, since many cannot afford both food and medications.

Feeding America addresses food insecurity in the U.S. It supports a network of 200 food banks which serve 60,000 community partners, like food pantries and meal programs[4]. At food banks it addresses food security, food safety, nutrient density of food, and rescuing food potentially wasted[4]. Additionally, it conducts research evaluating hunger in the United States[4]. The organization describes food insecurity as "a household's inability to provide enough food for every person to live an active, healthy life"[5]. This definition goes beyond eating patterns and basic food intake to encompass a household's lifestyle. While lifestyles vary across the country, food insecurity is found in every city in the nation.

The most recent data on food insecurity from 2016, estimated that 13% of Americans had inadequate access to safe, healthy food[3], equating to more than 41 million people. Within the

southeast region, the estimate grows to 16%, due to states like Mississippi (20.1%) and Arkansas (17.2%) with high rates of food insecurity[3]. Georgia is just below the Southeast's average at 15%, which represents over 1.5 million citizens[3]. This data is similar to that provided by the USDA Economic Research Service (ERS). According to the USDA ERS, food insecurity in Georgia averaged 14% from 2014 to 2016 (see Appendix 1)[6]. In metro Atlanta, about 14% of the population struggles with food insecurity, while nearly 18% of Fulton County is food insecure[3] (the western part of Atlanta resides in Fulton County). With Metro Atlanta's population of over 5.7 million residents[7], 14% of that population equates to hundreds of thousands of adults and children without adequate food.

Interestingly, a study published in 2017 estimates that food insecurity is declining in the city of Atlanta, only to rise in the suburbs outside of the city[8]. However, the increase is not supported by Feeding America's food insecurity assessment, which shows a decline across the metro area from 2014 to 2016[3].

Feeding America is a network of food banks across the country which services food pantries, soup kitchens, pop-up pantries allowing community partners to serve food insecure residents. The ACFB is part of the Feeding America network, and serves 29 counties in Georgia, including metro Atlanta. They provide food, equipment (i.e. coolers, freezers, shelving), and nutrition education to all community partners. This can be done by passing on donated items, or by awarding capacity grants, which are small grants to increase the pantry's ability to assist their clients. The ACFB also performs annual reviews for each of its partners, to ensure criteria are met, and that the community is being served in the best way possible.

In addition to studying the scope of food insecurity, researchers have evaluated the effect of food insecurity on chronic illness. In a study published in 2012, Gany, et al. found that food

pantries in New York City were often ill suited to serve cancer patients due to limited hours of operation and few nutritious selections[9]. This lack of nutritious foods was also found by a 2015 study, which linked food insecurity with an increased body mass index[10]. Subjects reported a desire to avoid unhealthy foods but felt pantry workers would suggest less healthy options. The author noted that nutrition education was not a factor, as the subjects showed the same high knowledge of healthy eating practices as the controls[10].

A recent study showed a correlation between diabetes mellitus (DM) and food insecurity. Nearly 77% of food pantry patrons in Houston, TX, Oakland, CA, and Detroit, MI reported "running out of food to take care of diabetes"[11]. The participants stated that cost of medications, medical supplies, and doctor visits caused a strain on their budgets, which can cause food insecurity. It is also possible that the lack of nutritious food could cause a decline in a person's health, leading to a diet-related chronic illness, or the worsening of such a disease. A 2015 study from Berkowitz, et al., looked at the connections between material need insecurities (including food) and DM among subjects in Massachusetts[2]. They found that 64.1% of food insecure patients were not able to control their DM, while only 41.6% of food secure patients were poorly controlling their disease[2].

Diabetes

Diabetes is becoming more prevalent among the US population. The American Diabetes Association estimates over 7 million people have undiagnosed diabetes in the United States as of 2015[12]. This illness can be complicated by obesity, a disease increasing in parallel to diabetes.

Diabetes can increase the risk for heart[13] and kidney[14] disease, two conditions directly affected by diet.

The prevalence of DM continues to increase, as it has been for the last two decades[15]. As of 2015, about 9% of the United States population had been diagnosed with DM[15]. The Southeast has an even higher average of 11%, which is the same in the state of Georgia[15]. While this is twice the percentage from 1994, it is important to note the prevalence has stayed relatively stable for the last 10 years. The metro Atlanta population was found to have a 10% occurrence of DM, while Fulton county is slightly lower at 9%[15]. As noted in the previous section, DM can have an effect on food security as medications, doctors' visits, and lost time from work can cause financial strain. A 2013 study, (Berkowitz, et al) reviewed more than 2500 subjects with DM from the 1999-2008 National Health and Nutrition Examination Survey (NHANES) and found 12% to be food insecure[16]. The authors concluded that food insecurity is related to poorly controlled DM. They suggested that clinicians not limit themselves to medical interventions, but include resources to address any social factors present.

Current Resources

Feeding America's 2014 Hunger in America Report[17]stated feeding 5.4 million people nationally every week[18]. This is through a network of 200 food banks and 60,000 food pantries in all 50 states, the District of Columbia, and Puerto Rico. Locally, the ACFB connects with 600 non-profit agencies over 29 counties in north Georgia[19]. From 2016-2017, over 69 million pounds of food was distributed by the ACFB, equating to more than 56 million meals[10], demonstrating ACFB's impact on hunger in Metro Atlanta and beyond. Georgia is served by

seven food banks, including the ACFB. They serve the food pantries, soup kitchens, pop-up pantries, and backpack programs around the state.

Food pantry clients are often families, though individuals find themselves in need. Matching services with those in need can be complicated by the shame one feels in asking for help, keeping a pantry open during hours that are convenient to the community, and finding funding and donations to keep a pantry stocked. Some pantries are simply reliant on food donations, with no way to accept monetary donations. Others have a full network of support, with a staff that continually looking for grants and corporate partners to supplement existing donations.

Funding also determines the staff a pantry can afford to hire. Nearly all pantries are dependent on volunteers to run the day-to-day operations, possibly with a pantry manager scheduling volunteers and handling other administrative duties. These volunteers have little to no training, and may choose to stop volunteering at any time, leaving the pantry short-handed, or unable to open at all. For a client with time restraints, this creates a insurmountable hardship.

As mentioned earlier, the ACFB community partnerships vary. Soup kitchens prepare meals for individuals to eat on-site, or to take home. Food pantries provide grocery items for people to take with them. Some pantries have a fixed location, with regular volunteers and reliable hours. Others are pop-up pantries which bring food to a set location, often in pre-packed boxes or bags. Additionally, others offer food as an emergency service to clients looking for assistance with rent or utilities. Each does its best to serve the community in which they are located.

Recently, researchers evaluated health care facilities screening for food insecurity and referring patients to resources to fill this need[20]. Their report stressed the importance of

community partnerships serving as a network to assist the patients[20]. This provides a multi-pronged approach with each agency providing their expertise. They highlighted the importance of universal screening, to remove any assumptions or bias held by the clinicians[20]. Many of the programs they reviewed stressed the importance of providing healthy food options, specifically to prevent chronic disease. They concluded that these programs were indicative of a current trend in healthcare towards preventative medicine and addressing social concerns as part of treating the whole patient.

These programs are not the first of their kind addressing food insecurity and diet-related chronic diseases. A pilot study conducted between 2012 and 2014 evaluated improvement of a hemoglobin A1c (HbA1c) among food pantry clients in three states[21]. This test provides an estimate of average blood glucose levels of the previous three months. Pantries provided diabetes screening, consistant diabetic appropriate food, referrals to primary care providers as necessary, and diabetes education. The subjects' HbA1c was analyzed at baseline and six months. The average drop in HbA1c among the 687 participants was 0.15 points (8.11 to 7.96), which was statistically significant[21]. Additionally, the pantries were able to form new partnerships with area clinics to provide additional resources to this population[21].

The Academy of Nutrition and Dietetics (AND) also performed a study in 2010 which looked at nutrition-based initiatives within Feeding America[22]. The Academy is an association of nutrition professionals considered by many to be the foremost authority on food and nutrition. In this study, food bank personnel in 20 locations were interviewed regarding attitudes towards providing more nutritious food and reducing the amount of less-healthy food. Some participants noted that clients were more likely to suffer from chronic illnesses than in years past, but were concerned that they did not have the nutrition knowledge to serve these clients. There were also

concerns about providing fresh produce, as the volunteers would have to be trained on proper handling techniques. The Academy followed this study in 2016 with a paper providing recommendations on creating and sustaining healthy food pantries[23]. The recommendations included providing proper equipment to carry fresh produce, as well as training on proper handling techniques. In addition, the environment of the food pantry should encourage healthy choices and provide evidence-based nutrition education to the clientele. These guidelines will serve as a foundation to build the ACFB Wellness Pantry Toolkit. This approach is supported by an earlier study which surveyed 137 food banks online, and interviewed staff at six food banks in California extensively[24]. All six California food banks had developed new models to overcome barriers to providing more nutritious foods in urban/metropolitan areas. These models, however, were not fully implemented, and each establishment reported administrative and logistical issues which had yet to be overcome.

Currently, some food banks around the country have become leaders in developing healthy food pantries. For example, Vermont Food Bank provides their partners with the VT Fresh Strategies handout to promote a healthier food environment in their food pantries[25]. The Oregon Food Bank provides strategies for their Healthy Food Initiative, encouraging whole grains and unlimited fresh produce[26]. Also, Feeding America has worked with Colorado State University and Washington State University to develop The Healthy Food Pantry Assessment Toolkit[27]. This extensive toolkit provides a checklist for food pantries wishing to meet the criteria to become a Healthy Food Pantry, as well as a resource guide. The Tri-county health department in Colorado has developed a very similar tool for the same purpose[28]. Lastly, Lowcountry Food Bank in South Carolina has a similar program, which can be accessed through

their Foodshare Food Pantry Best Practices[29]. All of these examples provide an outline to follow in developing a similar program in Atlanta.

Methods

Currently, the ACFB does not have a program for establishing healthy food pantries, either as new pantries, or upgrading existing facilities. As evidenced by the aforementioned food banks in Vermont, Oregon, Colorado, and South Carolina, the trend towards providing healthy foods to the food insecure population is growing. This idea is further supported by the emerging research. Whether it is the discussion by Gany, et al. regarding hours of availability and nutritious food choices[9], or the results of the two studies by Berkowitz[2,16], the advantages are apparent.

One such advantage is the connecting the ACFB with health clinics. Currently, each are existing on their own, referring clients to additional resources without full knowledge of the services offered. This could leave patients confused and struggling to provide for their own care as well as that of their families. While clinicians may become desensitized to non-compliant patients, it is important to assess the reasons behind this non-compliance. Considering the consequences of a worsening condition, a quick food security screening and referral to the appropriate resource is certainly worth the effort. Doing so can increase the support system for these patients, thereby improving their outcomes and reducing their risks for complications.

The long-term goal is for a portion of the Atlanta Community Food Bank partners to become wellness pantries. To develop the best practices for ACFB wellness pantries, I will examine existing programs. These include the following:

- Health & Wellness Initiative in Albuquerque, New Mexico
- Produce Prescription Program in Grove City, Ohio
- Nutrition Nudge Project in San Antonio, Texas
- Healthcare Partnerships Program in Portland, Oregon
- VT Fresh in Barre, Vermont
- Feeding South Florida in Pembroke Park, Florida
- Gleaners in Indianapolis, Indiana
- Low Country in Charleston, South Carolina
- Food Gatherers in Ann Arbor, Michigan
- Manna Foodbank in Asheville, North Carolina
- Second Harvest Foodbank in San Jose, California

Interviewing these groups and reviewing their print materials will provide a structure to the project, as well as a chance to discover challenges and potential improvements. The data from these interviews will be compiled and reviewed with Joy Goetz, RDN, Nutrition and Wellness Program Manager for ACFB. From these interviews, a checklist will be developed providing a framework for existing pantries as they transition to a Wellness Pantry. In the future, additional training will be developed for the volunteers and staff of these food pantries, as well as ongoing support for nutrition related and disease specific questions. These tools will also be a valuable resource for groups attempting to create a new food pantry within the ACFB service area. As the ACFB already provides cooking demonstrations and nutritional education, the wellness pantry program is the logical next step in supporting their community partners.

Results

The interviews conducted with food banks across the country yielded commonalities in four major areas: pantry operations, client experience, nutrition education & nudges, and data tracking & compliance. In pantry operations, for example, all wellness pantry programs were either using the client choice model, or currently transitioning to it. It was also noted that clients should be allowed regular, frequent visits to the wellness pantry due to varying schedules and limited ability to carry large amounts of food. Most sites highlighted the need to provide produce, particularly fresh produce, to their clientele. Within client experience, wellness pantries which took referrals would relax zip code restrictions for clients referred from a physician or clinic. Many programs provided benefits outreach to ensure clients were aware of additional assistance programs and their qualifications. Additional suggestions came from challenges experienced at particular locations, such as Roadrunner Food Bank in New Mexico, which often experiences long lines. This led to conversations regarding back-up staff, seating, and express options for clients unable to wait. All programs interviewed discussed the need for nutrition education for the pantry staff, volunteers, and clients. This included classes, food demonstrations, and written materials. Finally, a uniform process for tracking inventory and reviewing pantry criteria was stressed. Each of these areas was brought to the attention of the personnel at the ACFB and discussed. The resulting conversations led to the formation of the Wellness Pantry Toolkit script.

Conclusion

Although the existing data surrounding food insecurity shows improvement, diet-related chronic diseases continue to increase in prevalence among the food insecure population. All

efforts must be made to stop the cycle of chronic disease and food insecurity. The ACFB is in perfect position to provide guidance to food pantries across Georgia in their efforts to distribute more nutritious food. Used in conjunction with the current nutrition education programs available through the ACFB, community partners will have a complete program to help them serve their clients in new and exciting ways.

The Wellness Pantry Toolkit script which follows used the areas discovered during research interviews as section headings. Pantry Operations (section O), Client Experience (section E), Nutrition Education & Nudges (section N), and Data Tracking & Compliance (section D) each contain the minimum criteria and best practices suggested for each wellness pantry. These are then numbered for easy reference: O.1: Distribution Model, O.2: Amount Distributed, O.3: Distribution Frequency, etc. Included with the minimum criteria and best practice is a list of advantages they provide. This system gives each food pantry a clear guide to navigate the path to becoming a wellness pantry.

Appendix 1

Prevalence of food insecurity, average 2014 - 2016[6]

State	Number of households		Food insecurity (low or very low food security)			Very low food security		
	Average 2014-2016[1]	Interviewed	Prevalence		Margin of error[2]	Prevalence		Margin of error[2]
	Number	*Number*	*Percent*		*Percentage points*	*Percent*		*Percentage points*
U.S.	125,203,000	124,067	13.0		0.21	5.2		0.13
AK	263,000	1,436	12.7		1.56	3.6	*	0.77
AL	1,993,000	2,387	18.1	*	1.86	7.7	*	1.28
AR	1,194,000	2,236	17.5	*	1.65	6.8	*	1.11
AZ	2,648,000	1,874	14.6	*	1.57	5.8		0.98
CA	13,829,000	9,432	11.8	*	0.71	4.1	*	0.38
CO	2,293,000	1,564	10.3	*	1.45	4.3		0.94
CT	1,435,000	1,350	12.3		1.76	6.4		1.44
DC	324,000	2,584	11.4	*	1.08	4.0	*	0.75
DE	388,000	1,489	10.8	*	1.48	3.0	*	0.80
FL	8,194,000	5,160	12.0	*	0.86	4.7		0.54
GA	4,015,000	2,813	14.0		1.17	5.6		0.73

Appendix 2

Partnership Contract

This Agreement is made and entered into by Atlanta Community Food Bank., hereafter referred to as "The Food Bank" having a place of business at 732 Joseph E. Lowery Blvd NW , Atlanta ,GA 30318 and the following organization which is hereafter referred to as "Partner Agency":

_____; (Official organization name as it appears on business registration documents.) which operates or hereby agrees to be fiscally and legally responsible for the hunger relief program(s) named:

_____; (Name of food distribution, pantry, or similar programs. This may be the same as the official organization name above) and has a current place of business at _____ on this ___ day of _____, 20 ___.

This Partnership Contract when each condition/agreement term is verified by the authorized Agency organization leader's initials and signed by both organizations certifies that The Food Bank has accepted the partnership application of the above organization. This partnership is subject to the following conditions and agreements:

1. This partner agency is an established 501(c) 3 public charity nonprofit incorporated for the purpose of serving ill, needy (low income) or infants (minor children). A copy of the Letter of Determination from the IRS accompanies this contract. _____initial

2. This partner agency certifies it has been operating an on-premise feeding or grocery program for at least six (6) months prior to the date on the accompanying Partnership Application Form. The above agency must use The Food Bank's services within three (3) months of the membership approval date to initiate partnership. _____initial

3. This partner agency is licensed by the state of Georgia and/or county/municipal government as a food establishment according to the service provided, as applies, and will maintain said licensing during the terms of this agreement. _____initial

4. Partner agency will not engage in discrimination, in the provision of service, against any person because of race, color, citizenship, religion, sex, national origin, ancestry, age, marital status, and disability, sexual orientation including gender identity, unfavorable discharge from the military or status as a protected veteran. _____initial

5. Clients who are served by the partner agency with products from The Food Bank may NOT be required or coerced in any way to participate in religious services, prayers, or other religious practices as a precondition to receiving those products. While those services, prayers or practices may certainly be shared and offered to clients, provisions must be made for clients who choose not to participate to receive the grocery products with equal convenience and dignity as those who do participate. ____initial

6. This partner agency certifies it will charge no fees (real or in-kind) to the recipient, individual or family, and that no specific donation will be requested. The IRS section 170 c states: “No fee for administrative cost or otherwise may be charged in connection with a transfer of donated property directly from an organization to the ill, needy individuals or minors.” (Section 3) Under very limited and strictly defined guidelines, partner agencies that provide comprehensive services and programs to clients may be authorized by The Food Bank and applicable government agencies to have clients pay for some of those other services and programs. But in those cases, access to The Food Bank products must be received by clients with no required fees. _____initial

7. This partner agency and all its representatives must not sell products received from The Food Bank and its related projects for any purpose and in any manner. Products also cannot be traded, transferred to another organization, bartered or exchanged for cash, goods or services of any kind. _____ initial

8. This partner agency will not give grocery products received from The Food Bank or its related projects to staff or volunteers sharing in a meal are meant to enable them to interact more with clients. It should never be guaranteed or considered quid pro quo for their services or employment. _____initial

 Donated food and beverages may be consumed by staff and volunteers who are directly involved in the preparation of a meal or providing other services during a meal. The consumption of the meal should be a part of the staff or volunteers’ involvement with the clients (e.g. at the same tables and time as clients are being served). Meals can be provided to staff or volunteers to eat either with clients or after the clients are served and only if it is anticipated that there will be enough for all clients. _____initial 9. This partner agency hereby warrants and guarantees from The Food Bank, its related projects and to the primary donor and to Feeding America (national network of food banks) that it will hold them harmless from any and all liabilities, claims, losses, causes of action, suits of law or inequity or any obligation whatsoever arising out of, or attributed to, any action by the done in connection with its storage and/or use of the items to it by The Food Bank. The Food Bank, the original product donor, and Feeding America offer no express warranties in relation to the gift of goods. This partner agency understands that all products from The Food Bank are offered “as is.” _____initial

10. This agency agrees to adhere to additional donor and organizational stipulations for the storage, processing, record-keeping, transportation or distribution of their donated products. _____initial

11. This partner agency must have adequate, proper storage space and refrigeration to ensure the food safety and integrity of products until it is consumed or distributed. The agency agrees to handle and store all food in the manner as is required in accordance with local, state and federal food safety and handling regulations. The Food Bank staff has visited with the partner agency, consulted about these storage criteria and all requirements to start receiving The Food Bank product have been met. _____initial

12. This partner agency agrees that products will not be stored and/or distributed from an unapproved site or private residence. _____ initial

13. This partner agency agrees to inspect and store food soon after receipt and to determine whether the food is fit for human consumption. If not, the agency will immediately advise The Food Bank staff. _____initial

14. This partner agency shall have a staff member or volunteer who is consistently present during operations, who has attended and is certified in either the Food Manager's Workshop/Food Handler's Certificate administered by the Department of Business and Professional Regulation, Division of Hotels and Restaurants Hospitality Education Program, or the Safe Food Handling Class offered by The Food Bank. A copy of this certificate will be provided to The Food Bank_____ initial 15. This partner agency agrees to order a minimum of 600 pounds per month through The Food Bank online order system, with a minimum share maintenance contribution of at least $50.00 per month during each 12 month period. _____initial For agencies with less frequent distributions, the Partner Agency agrees to order the equivalent of a minimum of 7,200 pounds per year through the online order system, and make share maintenance contributions of no less than $600 per year during each 12 month period. _____initial

16. This partner agency agrees to pay a "restocking fee" of $50.00 for the first order not claimed by the end of the same business day of the scheduled pick up or delivery appointment time during each 12 month period. The restocking fee will increase to $75.00 for the second un-claimed order and $100.00 for the third. Any additional offenses during the 12 month time period will result in reduction and/or suspension of the agency's privileges for up to 6 months. _____initial

17. This partner agency will support the operations and distribution costs of The Food Bank by paying a share maintenance fee. The agency understands that share maintenance fees are not a charge for food, and will vary by item based on their individual operational and handling requirements. _____initial Partner Agencies also agree to pay fees for Co-Op product, delivery fees, program fees, restocking fees or other fees as are relevant. _____initial

18. This Partner Agency agrees to pay invoices within 30 days of the date of invoice. (Cash and money orders are not acceptable)_____ initial

19. This partner agency will participate in periodic Surveys and Studies, including the Hunger in America study, to support Feeding America and The Food Bank Hunger Advocacy efforts. _____ initial

20. Partner Agencies operating as a Food Pantry must serve at least one time per week totaling 20 hours per month and 35 Households per month and demonstrate regular outreach to their surrounding community_____ initial

21. Partner Agencies operating as an On-Site only agency must serve once weekly. _____initial

22. This partner agency agrees to provide The Food Bank with timely service statistics on a regular basis, to maintain adequate distribution/usage records that reflect the use of all products, and to be monitored by The Food Bank staff. These records shall include at least the following: _____initial

a. Copies of all The Food Bank invoices for the current 12 month period
b. Monthly Service Reports

c. Record of the number of persons fed at each meal and date of each meal, as applies
d. Record of grocery distribution including name of head of household, address, number of persons in household, weight of product distributed, and date of service, as applies
e. Record of required forms for USDA product distributed, and date of services, as applies
f. Record of eligibility, distribution and usage of GNAP product, as applies
g. Produce Program distribution, as applies
h. Record of other special grocery product types or sources, as applies
i. Record of temperature logs of dry, frozen and refrigerated as applies

23. This partner agency agrees to provide records of financial budgets, and confirmation of alternate food sourcing. _____initial

24. If applicable, the partner agency will provide a copy of Form 990 _____initial

25. This partner agency will allow The Food Bank to monitor the organization regularly including both announced and unannounced site and program inspections, at its discretion. Monitoring will include reviews related to product ordering, transportation, storage, food safety and utilization, as well as client nondiscrimination treatment, record-keeping, and all other terms of this agreement. The partner agency is required to make reasonable accommodations to ensure that The Food Bank is able to monitor and inspect the Program's site as deemed necessary. Should the partner agency fail to be available on the first announced visit, the partner agency shall be under probation. In the event that the partner agency fail to be available on the second announced visit, the Program shall be suspended until site and program inspections have been deemed to be in compliance with The Food Bank food safety and handling policies and procedures_____ initial

26. This partner agency must notify The Food Bank in writing if/when its program changes location, director, contact, clients, or type or size of food program. Planned changes in location, type or size of food program will require additional inspection by The Food Bank staff prior to implementation of the change. _____initial

27. This partner agency understands this agreement to have legal significance, and violation of any of these conditions and agreements may result in reduction, suspension or loss of partnership privileges up to and including termination of Partnership Contract. _____initial

Signed:

_____ _____

Signature: Partner Agency Executive Director/Pastor Date

_____

Print: Partner Agency Executive Director/Pastor

_____ _____

Agency Name Agency Code

_____ _____

Signature: The Food Bank Representative Date

Appendix 3

Interview Questions

1. Has your food bank implemented a nutrition ranking system (like Foods to Encourage or CHOP)?
2. Has your food bank implemented a nutrition policy?
3. Does your food bank have a pantry onsite?
4. Is it a wellness pantry?
5. What is the name of your program?
6. When did this program get started?
7. Why did you decide to start a wellness pantry program?
8. Does this program have an formal partnerships with healthcare organizations?
9. If yes, please describe.
10. Who is responsible for managing this program?
11. What percentage of their job is devoted to overseeing this program?
12. Other than the program manager, how many staff memebers are involved with this program?
13. Do they have additional responsibilities?
14. If a pantry or a pantry client had a question about this program, who would they talk to?
15. Has this happened?
16. What type of support does your food bank offer to wellness pantries?
    a. Financial
    b. Technical support
    c. Materials
    d. Other
17. What are the criteria for being a wellness pantry?
    a. Client choice
    b. Types of food
    c. Nutrition policy
    d. Frequency of distribution
    e. Operating hours
    f. Clients served
    g. Health education
    h. Nudges
18. Who determines if a partner has met this criteria?
19. Is there a manual or guideline available to the partners?
20. Is it available online, in print, or both?
21. May we access it/will you share it with us?
22. Is there training for pantry staff or volunteers?

23. How often is this offered?
24. How many partner agencies do you have? (total)
25. How many of these are wellness pantries?
26. Is there a goal for them to meet? (pounds, location, etc.)
27. Do you monitor these pantries to see that they continually meet requirements?
28. How often are these reviews?
29. Who conducts the reviews?
30. Do you have an evaluation form for these?
31. Would you be willing to share this form with us?
32. What happens if a wellness pantry does not meet the requirements?
33. Is there a formal relationship between healthcare providers and pantries themselves?
34. Do you get feedback from the clinics?
35. Do you get feedback from the clients?
36. What form is this in?
37. What does success for a wellness pantry look like?
38. Are there tiered levels for the pantries?
39. Has the program changed in size over the years?
40. In what way?
41. Is there anything else you think we should know before developing our program?

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Wellness Pantry Toolkit

Introduction

Thank you for your interest in the Wellness Pantry program, created and managed by the Atlanta Community Food Bank. This program has been inspired by similar programs across the United States, all working to improve the lives of food insecure individuals managing one or more diet-related chronic illnesses. This program is open to any food pantry partnered with the Atlanta Community Food Bank who is willing to accept referrals from area physicians and clinics, while meeting the criteria listed in this guide.

Wellness pantries must be prepared to cater to their existing clientele while accommodating new clients managing specific chronic illnesses. This is done by providing specific foods and additional benefits as well as encouraging healthy behaviors. Food pantries wishing to become wellness pantries must be prepared for an increase in client traffic, remembering that this may include an increase in the number of clients with physical disabilities and mobility issues.

In recognition of these additional services provided by wellness pantries, the Atlanta Community Food Bank is prepared to offer specific support to these facilities. Found in the last section of this guide, these areas of support include monetary as well as educational. This additional support will benefit all food pantry clients, providing a more positive experience. Volunteers and staff will have the opportunity to receive nutrition education that they will find useful in their own lives and with their own families. It will also provide them the tools to educate others in ways that are meaningful and long lasting.

As you move through this guide, consider what criteria your food pantry is already meeting and what changes would be necessary to meet additional criteria. Representatives from the Atlanta Community Food Bank are available to review these areas with you and provided suggestions and assistance to help you reach your service goals.

Pantry Operations

O.1: Distribution Model

Minimum Criteria: Client Choice

Clients are able to choose from a list of products, or directly from the shelf, with assistance from volunteers, or food pantry staff.

Best Practice: Market Style

Clients choose from products on open shelves, using baskets or shopping carts. Assistance is available from volunteers, or food pantry staff.

Advantages:

Clients should be empowered to make their own decisions concerning their health through their food choices. This gives them ownership of the process and facilitates behavior change.

O.2: Amount Distributed

Minimum Criteria: None

The food pantry may limit the amount of food being distributed as needed, dependent on inventory levels and foot traffic to the food pantry.

Best Practice: 30 lbs. per distribution

The food pantry must allow each client to remove as much as 30 pounds of food per household from the food pantry during a single visit.

Advantages:

It is understood that inventory at the food pantry may run low at different times of the year and on certain days of the week. Those pantries without consistent donations and funding may find it necessary to limit the amount of food for each distribution in order to be able to serve more members of the community. It is preferred, however, that clients be allowed to take up to 30 pounds of food per visit. This is an acceptable weekly amount for a small family. Note: meeting this best practice will require the food pantry to have a working scale on hand to weigh each client's bags/boxes at check-out.

O.3: Distribution Frequency

Minimum Criteria: Referrals visit twice per month

Clinic referrals must be allowed to visit the pantry no less than 2 times per month.

Best Practice: Clients visit once per week

All pantry clients much be allowed to visit the pantry no less than once per week.

Advantages:

While a consistent supply of food is necessary for all clients, those managing a diet-related chronic illness have an even greater need for safe, nutrient-dense foods. Perishable items are best distributed weekly to reduce spoilage. Also, clients with mobility issues or lifting restrictions may benefit from smaller, more frequent distributions.

O.4: Hours Open to the Public

Minimum Criteria: 2 days per week, including one evening or weekend day

The food pantry must be open to the public a minimum of two days per week. At least one of the two days must include late hours (closing no earlier than 7 p.m.) or a weekend day (Saturday or Sunday).

Best Practice: 3 or more days per week, including one evening or weekend day

The food pantry must be open to the public a minimum of three days per week. At least one of the three days must include late hours (closing no earlier than 7 p.m.) or a weekend day (Saturday or Sunday).

Advantages:

It is important to accommodate clients' varying schedules, allowing for multiple opportunities to visit the pantry. Many food pantry clients are working one or more jobs and may not be able to visit the food pantry during a weekday. Opening in the evenings and/or on weekends gives these clients greater flexibility in scheduling.

O.5: Required Inventory

Minimum Criteria: Fruits, vegetables, lean proteins, and low-sodium items are available at all times

It is the responsibility of the food pantry to ensure the following items are available to clients upon every distribution

- Fruits and vegetables, in any of the forms listed below:
  - Fresh
  - Frozen
  - Canned
- Lean proteins, in any of the forms listed below:
  - Fresh
  - Frozen
  - Canned
- Low-sodium meals or entrée items (i.e. soup)

Best Practice: Minimum requirements, as well as the following:

It is the responsibility of the food pantry to ensure the following items are available to clients upon every distribution

- Fruits and vegetables, in any of the forms listed below:
    - Fresh
    - Frozen
    - Canned
- Lean proteins, in any of the forms listed below:
    - Fresh
    - Frozen
    - Canned
- Low-sodium meals or entrée items (i.e. soup)
- Whole grains, in any of the forms listed below:
    - Shelf stable
    - Frozen

In addition, the food pantry must work with The Emergency Food Assistance Program (TEFAP) and be retail enabled. Finally, the food pantry agrees to not distributing candy or sugar sweetened beverages. Shelf space should always give preference to nutrient dense foods over calorically dense, nutritionally deficient foods.

Advantages:

Clients of food pantries, particularly those living with diet-related chronic illnesses, require nutrient dense foods, such as fruits, vegetables, and whole grains. Providing these foods, while limiting access to nutritionally deficient foods, will encourage clients to improve their general health and wellness.

O.6: Fresh Produce

Minimum Criteria: Visible location

If fresh produce is available, it is placed in a highly visible location within the food pantry. Produce must be culled (damaged/spoiled product removed) daily.

Best Practice: Always available, in a visible location

Fresh produce is available to food pantry clients upon every distribution, and it is placed in a highly visible location within the food pantry. Produce must be culled (damaged/spoiled product removed) daily.

Advantages:

Fresh produce is often preferred over frozen or canned. It is often viewed as over-priced and unaffordable by many individuals. Providing it in the food pantry allows clients to try a variety of items without the risk of spending money on food that will not be enjoyed or cannot be consumed prior to spoiling. This produce must be displayed in a highly visible location within the food pantry to encourage distribution. Culling is the process of examining each item to check for spoilage and/or damage and removing those items which do not meet quality standards. Fresh produce must be culled at least once per day to provide the freshest product possible, and to discourage pests (i.e. fruit flies, ants, etc.)

Client Experience

E.1: Clients Served

Minimum Criteria: No restrictions on referrals

There will be no geographic restrictions (i.e. zip code) placed on clients with an authorized referral.

Best Practice: No restrictions on referrals

There will be no geographic restrictions (i.e. zip code) placed on clients with an authorized referral.

Advantages:

Clients referred from their physician or clinic must be allowed to visit the most convenient wellness pantry. This may be a location closest to the clinic, their workplace, or their home. Given the limited number of wellness pantries in the metro area, zip code and other restrictions must be lifted for clients with an authorized referral.

E.2: Intake/Orientation

Minimum Criteria: Intake required

Food pantry personnel (staff or volunteer) must greet clients, ensure basic information is recorded, and process referral forms, if applicable. During the client's first visit, a tour of the food pantry must be given, and additional services described.

Best Practice: Intake and orientation required

Food pantry personnel (staff or volunteer) must greet clients, ensure basic information is recorded, and process referral forms, if applicable. A basic tour should be given, and additional services mentioned. Client should be invited to attend an orientation, which may or may not correspond with a food demonstration, within 60 days of their initial visit. This orientation should include a full tour of the food pantry, highlighting the location of healthier options. A benefits counselor should present the additional services provided at the food pantry and be available for questions. If possible, a registered dietitian or dietetic intern should conduct a quick presentation on healthy food choices, and the nutrition education materials available at the food pantry.

Advantages:

Familiarizing the client with the food pantry and the benefits it offers will encourage them to return and make them aware of all options for assistance available to them.

E.3: Length of Visit

Minimum Criteria: At least 15 minutes

Clients must be allowed no less than 15 minutes to shop in the food pantry, with or without the assistance of a staff member or volunteer.

Best Practice: At least 30 minutes

Clients must be allowed no less than 30 minutes to shop in the food pantry, with or without the assistance of a staff member or volunteer.

Advantages:

In the true spirit of the client choice model, individuals must be given ample time to browse the shelves of the food pantry and allowed to choose their items without feeling pressured to leave.

E.4: Lines

Minimum Criteria: Back-up staff in place

Food pantry staff and volunteers should recognize when the pantry is experiencing higher client volume than usual. Staff members should be trained in all positions to assist when back-ups occur (i.e. intake, check out). Staff members should shift positions accordingly.

Best Practice: Back-up staff in place, additional volunteers on-call, express available

Food pantry staff and volunteers should recognize when the pantry is experiencing higher client volume than usual. Staff members should be trained in all positions to assist when back-ups occur (i.e. intake, check out). Staff members should shift positions accordingly.

Additionally, the food pantry manager should maintain a list of volunteers who can be called in as needed, should the pantry experience an extended period of high volume. Should this high volume be a recurring issue, “express” boxes or bags should be kept on-hand. These boxes or bags would contain a variety of food staples for those clients without the time, or ability, to wait in line.

Advantages:

Some wellness pantries may experience a high volume of traffic as referrals increase. Adding these additional clients could cause lines during certain times of the day or week. It is important that these be anticipated, and a plan be in place prior to the occurrence. Additional staff, seating, and an express option has been found to alleviate the stress of these times and the inconvenience to the clients.

E.5: Accessibility

Minimum Criteria: Full access

The food pantry must facilitate full access for individuals with disabilities. This includes those in wheelchairs, those using walkers and canes, and those visually impaired.

Best Practice: Full access

The food pantry must facilitate full access for individuals with disabilities. This includes those in wheelchairs, those using walkers and canes, and those visually impaired.

Advantages:

Wellness pantries are designed specifically to cater to those who are food insecure and managing diet-related chronic diseases. As such, wellness pantry clients are more likely to use assistive devices, such as wheelchairs, crutches, walkers, etc. All wellness pantries must have entryways and aisles which will not impede these clients, and ensure all clients are safe moving about the food pantry.

E.6: Seating

Minimum Criteria: Some seating required

The food pantry must provide seating for clients, particularly near the intake area.

Best Practice: Seating required throughout the food pantry

The food pantry must provide seating for clients at the following locations:

- Intake area
- Adjacent to the entrance of the food distribution area
- Checkout area
- During orientation
- During nutrition education and food demonstrations
- Outside of the main entrance whenever the food pantry experiences long lines/wait times
    - This seating may be removable (i.e. folding chairs) to be stored when food pantry is closed

Advantages:

Many food pantry clients, particularly those managing chronic illnesses, are not able to stand unassisted for long periods of time. Therefore, seating should be provided to increase the comfort of these individuals.

E.7: Signage

Minimum Criteria: Visible from major road

The food pantry must be well marked with signage visible from the largest road adjacent to the building.

Best Practice: Visible with hours

The food pantry must be well marked with signage containing the name of the food pantry, the words “food pantry” (or similar), and the hours it is open to the public. This signage must be visible from the largest road adjacent to the building. Secondary signing at the entrance, or smaller roads is encouraged.

Advantages:

Clients may have difficulty locating a food pantry which is not clearly marked. Providing the hours of operation along with the name will reduce the number of clients visiting outside of operating hours.

E.8: Benefits Outreach

Minimum Criteria: Information offered at intake and on display

Supplemental Nutrition Assistance Program (SNAP) materials are offered at intake/orientation and on display in the food pantry at all times.

Best Practice: Outreach provided monthly

Benefits outreach must be provided by a counselor to pantry clientele no less than once per month. Printed information regarding outreach programs must be on display in the food pantry at all times.

Advantages:

Clients need to be provided with information regarding all services available to them, whether those services are offered by the food pantry, the community, or the government. This should be done as often as possible, and by someone with full knowledge of the program being discussed.

Nutrition Education & Nudges

N.1: Staff Nutrition Education

Minimum Criteria: On-site managers and 1 executive

All on-site food pantry managers and one other food pantry executive are required to complete training in:

- How to Stock a Healthy Pantry
- Healthy Eating 101
- Diet-Related Chronic Illnesses

Training offered for:

- How to Conduct a Healthy Food Demonstration

Best Practice: On-site managers, 1 executive, RDN

All on-site food pantry managers and one other food pantry executive are required to complete training in:

- How to Stock a Healthy Pantry
- Healthy Eating 101
- Diet-Related Chronic Illnesses
- How to Conduct a Healthy Food Demonstration

The food pantry is required to have at least one Registered Dietitian Nutritionist (RDN) on staff, or serving as a regular volunteer (minimum one shift per week). This role may also be filled by a dietetic intern from an accredited dietetic program.

Advantages:

Educating on-site managers and executives will ensure that clients will have the proper guidance when selecting nutritionally beneficial foods. The information taught in these lessons will build confidence in the staff, increase client satisfaction, and give attendees a basic understanding of the chronic illnesses some clients are experiencing. In addition, an RDN can provide specific information for each client, and continue to educate staff and volunteers in appropriate ways to serve the clientele.

N.2: Volunteer Nutrition Education

Minimum Criteria: All volunteers

All volunteers must complete the following nutrition education as part of volunteer onboarding:

- Healthy Eating 101
- Diet-Related Chronic Illnesses

Training offered for:

- How to Conduct a Healthy Food Demonstration

Best Practice: All volunteers

All volunteers must complete the following nutrition education as part of volunteer onboarding:

- Healthy Eating 101
- Diet-Related Chronic Illnesses
- How to Conduct a Healthy Food Demonstration

Advantages:

Basic nutrition education will empower volunteers to assist food pantry clients with making healthy food choices and understanding basic nutritional concepts.

N.3: Educational Materials

Minimum Criteria: Basic materials on display

There will be nutrition education materials on display at the pantry at all times, with copies available for distribution.

Best Practice: Additional materials on display

The following educational materials will be on display at the pantry at all times, with copies available for distribution:

- Nutrition education handouts
- Recipe cards
- MyPlate poster
- SNAP information

Advantages:

Providing educational materials which clients can take home reinforces messages around healthy eating which may be new concepts to these individuals. Providing recipes encourages clients to follow through with set goals and facilitates opportunities to try new foods.

N.4: Food Demonstrations

Minimum Criteria: Allow food demonstrations

The food pantry must allow representatives from the Atlanta Community Food Bank to conduct food demonstrations for their staff, volunteers, and clients no less than once per quarter.

Best Practice: Conduct food demonstrations

The food pantry must have at least one staff member or volunteer trained to conduct food demonstrations to the staff, volunteers, and clients. These must be conducted at least once per month. Once a food demonstration kit is provided by the Atlanta Community Food Bank, this kit must remain complete, and kept in good working order.

Advantages:

Food demonstrations provide an opportunity for clients to experience new foods and recipes. This will encourage distributions of healthier items, particularly fresh produce.

N.5: Nudges

Minimum Criteria: Employ at least 2 techniques

Food pantry personnel must work with representatives of the Nutrition and Wellness department of the Atlanta Community Food Bank to employ at least two nudge techniques on a consistent basis.

Best Practice: Employ at least 4 techniques

Food pantry personnel must work with representatives of the Nutrition and Wellness department of the Atlanta Community Food Bank to employ at least four nudge techniques on a consistent basis. The following nudges are required:

- Shelf tags
- Displays of healthy items:
    - In highly visible location OR
    - First in pantry flow OR
    - In aesthetically pleasing display cases/shelves
- A television in the waiting area with wellness videos on a loop- curated playlist by the Atlanta Community Food Bank
- Food samples

Advantages:

Nudges encourage clients to try new foods and food combinations. These techniques provide multiple positive experiences for food pantry clients.

Data Tracking & Compliance

D.1: Pounds

Minimum Criteria: Track inventory in pounds

All food donations to the food pantry and distributions out of the food pantry must be weighed and recorded. These records are to be made available during annual compliance reviews.

Best Practice: Track inventory in pounds

All food donations to the food pantry and distributions out of the food pantry must be weighted and recorded. These records are to be made available during annual compliance reviews.

Advantages:

Weighing inventory upon receipt and distribution allows for an efficient tracking system, which is used at most food pantries across the country.

D.2: Data Tracking

Minimum Criteria: Required use of electronic tracking system

An electronic tracking system must be used for the inventory within the food pantry.

Best Practice: Required use of Oasis electronic tracking system

The Oasis electronic tracking system must be used for the inventory within the food pantry.

Advantages:

An electronic tracking system is the most efficient system to track inventory within a food pantry. The Oasis system is used by the Atlanta Community Food Bank, as well as many food pantries across the country. It provides reports, barcode scanning, and outreach management, among other services. More information on the Oasis system can be found at www.oasisinsight.net.

D.3: Reviews

Minimum Criteria: Yearly

The materials covered in this guide will be a part of each wellness pantry's annual compliance review and should be addressed accordingly.

Best Practice: Yearly

The materials covered in this guide will be a part of each wellness pantry's annual compliance review and should be addressed accordingly.

Advantages:

The criteria provided in this guide must continue to be met each year for the food pantry to be considered a wellness pantry. This designation will ensure that clients referred by physicians or clinics will have equal opportunities to access these resources throughout the year. Continued compliance will be evident during the annual review.

Support

The following support will be provided to wellness pantries by the Atlanta Community Food Bank as the opportunities arise.

Capacity Grants

Wellness pantries will receive first priority for all capacity grants. To remain eligible, wellness pantries must continue to comply with all wellness pantry guidelines as outlined in this manual.

Equipment

Wellness pantries will receive first priority for any large appliance donations received by the Atlanta Community Food Bank (i.e. coolers, freezers, produce displays).

Displays

The Atlanta Community Food Bank will provide $1000 to qualifying wellness pantries to purchase shelving or produce displays, as well as support in design and assembly.

Educational Materials

The Atlanta Community Food Bank will provide the following print materials to each wellness pantry for display and distribution to the clientele:

- Color recipe cards
- MyPlate poster
- MyPlate handouts
- Recommendations for those managing diabetes, cardiovascular disease, and high blood pressure

The Atlanta Community Food Bank will curate YouTube Playlists of nutrition, wellness, and healthy cooking videos. Also, wellness pantry staff members and volunteers will be trained on creating video playlists to play on wellness pantry television, if applicable.

Volunteer and Staff Education

Nutrition education will be provided at no cost for all volunteers and staff of the wellness pantry, including the following:

- How to Conduct a Healthy Food Demonstration
- How to Stock a Healthy Pantry
- Healthy Eating 101
- Diet-Related Chronic Diseases

Food Demonstrations

Food demonstrations will be conducted at each wellness pantry, no less than quarterly, by personnel from the Atlanta Community Food Bank, and/or dietetic interns on behalf of the Atlanta Community Food Bank.

When appropriate, the Atlanta Community Food Bank will train pantry staff and volunteers to conduct food demonstrations and provide a food demonstration kit containing necessary equipment (i.e. induction burner, cutting board, knife, etc.).

Nutrition-related Questions

A Registered Dietitian Nutritionist and/or dietetic intern will be available by email to each wellness pantry to answer all nutrition-related questions. Answers will be returned within three business days.

Sourcing/Inventory

Coaching will be provided from the Nutrition and Wellness team of the Atlanta Community Food Bank on ordering and selecting products from the grocery floor. Wellness pantries will get priority for mixed produce pallets and/or healthy food boxes if they choose to distribute.

Acknowledgements

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- Lynn Knox, Oregon Food Bank, Portland, OR
- Michelle Wallace, Vermont Food Bank, Barre, VT
- Dana Mitchel, Lowcountry Food Bank, Charleston, SC
- Isabel Ramos-Lebron, San Antonio Food Bank, San Antonio, TX
- Amy Headings, Mid-Ohio Food Bank, Grove City, OH
- Albert Casella, Roadrunner Food Bank, Albuquerque, NM
- Hillary Gale, Feeding South Florida, Pembroke Park, FL
- Sarah Huber, Gleaners Food Bank of Indiana, Indianapolis, IN
- Jennifer Trippe, Manna Foodbank, Asheville, NC

- Markell Miller, Food Gatherers, Ann Arbor, MI
- Alex Navarro, Second Harvest Food Bank, San Jose, CA